



# Getting health care coverage is as easy as 1-2-3

1 Compare your plan options

2 Review your benefits

3 Enroll

## Options for plan year 2022

Multi-State

**Choice (KT), Choice Plus HDHP with HSA (LU):** Arizona—Phoenix and Tucson  
| Colorado | Nevada Oregon | Washington

**Choice (LJ), Choice Plus HDHP with HSA (N7):** Iowa | Kentucky

**Choice (KK), Choice Plus HDHP with HSA (LS):** Alabama | Arkansas |  
Louisiana | Mississippi | North Carolina | Tennessee

**Choice Primary (East Y8), Choice Plus Primary (East AS):** Alabama | Arkansas | Iowa |  
Kentucky | Louisiana | Mississippi | Missouri—Saint Louis | North Carolina | Tennessee

**Choice Primary (West VD), Choice Plus Primary (West WF):** Arizona—Phoenix, Tucson,  
Mohave and Yavapai Counties | Nevada | Oregon | Washington

United  
Healthcare

# Put our years of dedication to work

UnitedHealthcare has been providing federal employees with easy, convenient and affordable access to health care benefits for decades. Take advantage of hardworking benefits designed to fit your needs, lifestyle and budget.



## Simple experience:

Whether you prefer technology or a human touch, navigate and use your benefits with ease.



## Large network:

As a FEHBP member, you get full coverage for annual checkups and easy access to a range of medical services. Choose from over 1.2 million providers and 6,100 hospitals nationwide.\*



## Full benefits:

Manage your total health with benefits like no-copay PCP visits,\*\* behavioral health coverage and lifestyle programs like Real Appeal®\*\*\* for weight management.

\* As of April 2021








\*\* For the Choice Primary plans

\*\*\* Real Appeal is provided to eligible members at no additional cost.



Give us a call at **1-877-835-9861 (TTY 711)**. Habla Español? Podemos ayudar.

# Step 1: Compare options

HEALTH PLAN DETAILS	Choice Open Access (KT, LJ, KK)	Choice Plus HDHP* with HSA** (LS, N7, LU)	Choice Primary (East Y8, West VD)	Choice Plus Primary (East AS, West WF)
 <b>Network coverage only</b> You can save money when you receive care for covered benefits from network providers.	✓		✓	
 <b>In and out-of-network benefits</b> You may receive care and services from providers and facilities in and out of our network, but staying in network can help lower your costs.		✓		✓
 <b>\$0 deductible</b> There's no minimum balance that needs to be met before your health plan begins contributing to your expenses.	✓			
 <b>Preventive dental</b> You're covered for preventive dental visits up to \$500.	✓	✓	✓	✓
 <b>\$0 copay for network PCP visits</b> There is no copay required for a visit to your PCP.	✓ For children under 18		✓	✓
 <b>24/7 Virtual visits (telehealth)</b> See and talk to one of our virtual visit doctors who can treat you for conditions ranging from colds and fevers to migraines and allergies—24/7 on myuhc.com or the UnitedHealthcare app.	✓	✓	✓	✓
 <b>Health savings account (HSA)</b> With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses. Your employer contributes to your HSA.		✓		
 <b>UnitedHealthcare retiree advantage</b> Available to annuitants enrolled in a UnitedHealthcare plan through the FEHB with Medicare Part A and Part B. To enroll in this plan or to get more information, call our Retirement Team at 1-844-481-8821.	✓		✓	✓



## Manage your health anywhere, anytime

Keep your finger on the pulse of your health with easy, convenient digital tools.

- **Plan access:** Find a doctor, manage your claims, estimate costs and more at your myuhc.com® personalized hub and on our UnitedHealthcare® app
- **Care access:** 24/7 Virtual Visits let you video chat with a doctor 24/7 — from your computer or mobile device\*\*\*— to get care conveniently

\* HDHP = High deductible health plan.

\*\* HSA = health savings account.

\*\*\* Data rates may apply



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HEALTH PLAN DETAILS		CHOICE OPEN ACCESS (KT, LJ, KK)		CHOICE PLUS HDHP* WITH HSA (LS, N7, LU)							
Plan Type		Open Access		Open Access							
MEDICAL COPAYS AND COINSURANCE											
Doctors and Specialists		Network		Network		Out-of-Network					
Preventive Care Visit		\$0		\$0		Not covered					
Primary Care Visit (illness or injury)		\$25 copayment; \$0 copayment for children under 18		\$15 after deductible		30% after deductible*					
Virtual Visit (online doctor)		\$5		\$5 after deductible		Not covered					
Urgent Care Visit		\$35		\$35 after deductible		30% after deductible*					
Specialist Visit		\$35		\$30 after deductible		30% after deductible*					
Lab and X-ray		\$50		\$50 after deductible		Not covered					
Major Diagnostic and Imaging (MRI, CT scan, PET scan)		\$150		\$150 after deductible		Not covered					
Emergency Care											
Emergency Room		\$250 (waived if admitted)		\$200 after deductible (waived if admitted)		30% after deductible*					
Emergency Transportation (ground)		\$0		Emergency: \$0 after deductible		30% after deductible*					
Other Care											
Mental Health Visit (office visit)		\$25		\$30 after deductible		30% after deductible*					
Applied Behavioral Analysis (office visit)		\$35		\$30 after deductible		30% after deductible*					
Mental Health Visit (inpatient)		\$150 per day (up to \$750 per admission)		\$500 per admission after deductible		30% after deductible*					
Surgery — Outpatient		Freestanding facility: \$150 Hospital-based facility: \$300		\$250 after deductible		30% after deductible*					
Hospital — Inpatient Stay		\$150 per day (up to \$750 per admission)		\$500 per admission after deductible		30% after deductible*					
Physician Fees for Surgical Services		PCP: \$25 Specialist: \$35		PCP: \$15 after deductible Specialist: \$30 after deductible		30% after deductible*					
PHARMACY COPAYS											
Prescription Type		Retail up to 30-day supply		Specialty Pharmacy up to 30-day supply		Retail up to 30-day supply		Specialty Pharmacy up to 30-day supply		Out-of-Network	
Tier Level 1		\$10		\$10		\$10		\$10		Not covered	
Tier Level 2		\$40		\$150		\$40		\$150		Not covered	
Tier Level 3		\$85		\$350		\$85		\$350		Not covered	
Tier Level 4		\$175		\$500		\$175		\$500		Not covered	
DEDUCTIBLES AND OUT-OF-POCKET LIMITS											
		Network		Network		Network		Network		Out-of-Network	
<b>Annual Deductible Amounts:</b> The amount of health costs you're responsible for before the plan starts sharing costs.		Self: \$0 Self Plus One: \$0 Self and Family: \$0		Self: \$1,500 Self Plus One: \$3,000 Self and Family: \$3,000		Self: \$1,500 Self Plus One: \$3,000 Self and Family: \$3,000		Self: \$2,500 Self Plus One: \$5,000 Self and Family: \$5,000			
<b>Out-of-Pocket Limits:</b> The total amount of health costs you're responsible for before your portion of the coinsurance changes.		Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000		Self: \$4,000 Self Plus One: \$6,850 Self and Family: \$6,850		Self: \$4,000 Self Plus One: \$6,850 Self and Family: \$6,850		Self: \$6,850 Self Plus One: \$10,000 Self and Family: \$10,000			



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HEALTH PLAN DETAILS		CHOICE PRIMARY (EAST Y8, WEST VD)		CHOICE PLUS PRIMARY (EAST AS, WEST WF)							
Plan Type		Open Access		Open Access							
MEDICAL COPAYS AND COINSURANCE											
Doctors and Specialists		Network		Network		Out-of-Network					
Preventive Care Visit		\$0, all ages, not subject to deductible		\$0, all ages, not subject to deductible		Not covered					
Primary Care Visit (illness or injury)		\$0, all ages, not subject to deductible		\$0, all ages, not subject to deductible		40% after deductible*					
Virtual Visit (online doctor)		\$0, not subject to deductible		\$0, not subject to deductible		Not covered					
Urgent Care Visit		\$50, not subject to deductible		\$50, not subject to deductible		40% after deductible*					
Specialist Visit		\$60, not subject to deductible		\$60, not subject to deductible		40% after deductible*					
Lab and X-ray		20% after deductible		20% after deductible		Not covered					
Major Diagnostic and Imaging (MRI, CT scan, PET scan)		20% after deductible		20% after deductible		Not covered					
Emergency Care											
Emergency Room		20% after deductible (waived if admitted)		20% after deductible (waived if admitted)		40% after deductible* (waived if admitted)					
Emergency Transportation (ground)		20% after deductible		20% after deductible		40% after deductible*					
Other Care											
Mental Health Visit (office visit)		PCP: \$0, not subject to deductible Specialist: \$60, not subject to deductible		20% coinsurance		40% after deductible*					
Applied Behavioral Analysis (office visit)		\$0		\$60		40% after deductible*					
Mental Health Visit (inpatient)		20% after deductible		20% after deductible		40% after deductible*					
Surgery — Outpatient		20% after deductible		20% after deductible		40% after deductible*					
Hospital — Inpatient Stay		20% after deductible		20% after deductible		40% after deductible*					
Physician Fees for Surgical Services		20% after deductible		20% after deductible		40% after deductible*					
PHARMACY COPAYS											
Prescription Type		Retail up to 30-day supply		Specialty Pharmacy up to 30-day supply		Retail up to 30-day supply		Specialty Pharmacy up to 30-day supply		Out-of-Network	
Tier Level 1		\$5		\$5		\$5		\$5		Not covered	
Tier Level 2		\$50		\$150		\$50		\$150		Not covered	
Tier Level 3		\$100		\$350		\$100		\$350		Not covered	
Tier Level 4		\$150		\$500		\$150		\$500		Not covered	
DEDUCTIBLES AND OUT-OF-POCKET LIMITS											
		Network		Network		Network		Out-of-Network		Out-of-Network	
<b>Annual Deductible Amounts:</b> The amount of health costs you're responsible for before the plan starts sharing costs.		<b>Medical:</b> Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000		<b>Medical:</b> Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000		<b>Medical:</b> Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000		<b>Medical:</b> Self: \$3,000 Self Plus One: \$6,000 Self and Family: \$6,000			
		<b>Prescription — Tier 3 &amp; 4:</b> Self: \$250 Self Plus One: \$500 Self and Family: \$500		<b>Prescription — Tier 3 &amp; 4:</b> Self: \$250 Self Plus One: \$500 Self and Family: \$500		<b>Prescription — Tier 3 &amp; 4:</b> Self: \$250 Self Plus One: \$500 Self and Family: \$500		<b>Prescription — Tier 3 &amp; 4:</b> Self: \$250 Self Plus One: \$500 Self and Family: \$500			
<b>Out-of-Pocket Limits:</b> The total amount of health costs you're responsible for before your portion of the coinsurance changes.		<b>Medical:</b> Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700		<b>Medical:</b> Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700		<b>Medical:</b> Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700		<b>Medical:</b> Self: \$15,000 Self Plus One: \$30,000 Self and Family: \$30,000			

\*Of allowable charges and any difference between allowed and billed amount.

Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents.



Visit [uhcfeds.com](https://uhcfeds.com)

# Step 2: Review your dental benefits

PREVENTIVE DENTAL PPO* PLAN**	
You can see any licensed dentist. Just present your PPO dental ID card to access benefits.	
What it offers:	What you'll pay:
Deductible	\$0
Annual maximum	\$500 per person per year
Oral exam,*** prophylaxis (cleaning),*** X-rays and sealants†	\$0 (100% for covered services)

For dental coverage above and beyond what your health plan offers, explore the FEDVIP dental plans at [uhcfeds.com](https://uhcfeds.com).

# Step 3: Enroll

Once you've chosen the plan that fits you and your family's needs, you're ready to enroll. You'll need the enrollment code from the chart below. Some plans are available in additional locations. Visit [uhcfeds.com](https://uhcfeds.com) for more information on the plans available in your area.

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BIWEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE OPEN ACCESS			
KT—Arizona—Phoenix and Tucson   Colorado   Nevada   Oregon   Washington			
Self Only	KT 1	\$154.31	\$334.34
Self Plus One	KT 3	\$333.58	\$722.76
Self and Family	KT 2	\$423.79	\$918.21
LJ—Iowa   Kentucky			
Self Only	LJ 1	\$158.50	\$343.42
Self Plus One	LJ 3	\$342.62	\$742.34
Self and Family	LJ 2	\$434.30	\$940.98
KK—Alabama   Arkansas   Louisiana   Mississippi   North Carolina   Tennessee			
Self Only	KK 1	\$146.20	\$316.77
Self Plus One	KK 3	\$316.15	\$684.99
Self and Family	KK 2	\$403.52	\$874.29
CHOICE PLUS HDHP WITH HSA			
LU—Arizona—Phoenix and Tucson   Colorado   Nevada   Oregon   Washington			
Self Only	LU 1	\$77.55	\$168.02
Self Plus One	LU 3	\$166.73	\$361.26
Self and Family	LU 2	\$178.37	\$386.46
N7—Iowa   Kentucky			
Self Only	N7 1	\$98.78	\$214.02
Self Plus One	N7 3	\$214.18	\$464.06
Self and Family	N7 2	\$216.23	\$468.50
LS—Alabama   Arkansas   Louisiana   Mississippi   North Carolina   Tennessee			
Self Only	LS 1	\$72.08	\$156.17
Self Plus One	LS 3	\$154.97	\$335.77
Self and Family	LS 2	\$165.78	\$359.19

\* PPO = Preferred Provider Organization.  
\*\* Non-FEHB benefit.  
\*\*\* Limited to 2 times per consecutive 12 months.  
† Available to children under the age of 16.



ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BIWEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>CHOICE PRIMARY</b>			
<b>East Y8—Alabama   Arkansas   Iowa   Kentucky   Louisiana   Mississippi   Missouri—Saint Louis   North Carolina   Tennessee</b>			
Self Only	<b>Y8 1</b>	\$67.07	\$145.31
Self Plus One	<b>Y8 3</b>	\$144.20	\$312.43
Self and Family	<b>Y8 2</b>	\$158.62	\$343.67
<b>West VD—Arizona—Phoenix, Tucson, Mohave and Yavapai Counties   Nevada   Oregon   Washington</b>			
Self Only	<b>VD 1</b>	\$75.88	\$164.41
Self Plus One	<b>VD 3</b>	\$163.15	\$353.49
Self and Family	<b>VD 2</b>	\$179.47	\$388.85
<b>CHOICE PLUS PRIMARY</b>			
<b>East AS—Alabama   Arkansas   Iowa   Kentucky   Louisiana   Mississippi   Missouri—Saint Louis   North Carolina   Tennessee</b>			
Self Only	<b>AS 1</b>	\$75.10	\$162.73
Self Plus One	<b>AS 3</b>	\$161.48	\$349.87
Self and Family	<b>AS 2</b>	\$177.63	\$384.86
<b>West WF—Arizona—Phoenix, Tucson, Mohave and Yavapai Counties   Nevada   Oregon   Washington</b>			
Self Only	<b>WF 1</b>	\$77.13	\$167.11
Self Plus One	<b>WF 3</b>	\$165.83	\$359.29
Self and Family	<b>WF 2</b>	\$182.41	\$395.23

## Sign up online or on paper

- Visit [employeeexpress.gov](http://employeeexpress.gov)
  - Postal employees: Visit [ewss.usps.gov](http://ewss.usps.gov)
- Go to your benefits office and ask for Standard Form (SF) 2809
  - Postal employees: Call PostalEASE at 1-877-477-3273



Visit [uhcfeds.com](http://uhcfeds.com)



# The fine print.

## We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Mail:** UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card. You can also file a complaint with the U.S. Dept. of Health and Human Services:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

هذه الخدمة متاحة مجاناً لجميع الأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، في حال كان لديهم بطاقة هوية. يرجى الاتصال بالرقم المجاني المذكور على بطاقة الهوية.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação. ACHTUNG: Falls Sie Deutsch

(**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

Díí BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jiik'eh, bee ná'ahóót'i'. T'áá shodí ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jiik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

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Military Friendly® Employer in the nation.

This document includes general information about your medical benefit plan. This summary is not a plan document under which the plan is maintained and administered. Any discrepancies between this information and your plan documents will be governed by the plan documents. The benefits described in this document are subject to change at any time.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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